



Leadership skills in radiology: five basic principles

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Leaders lead the way. They inspire and ignite in teams the desire to 'Be More and Do More'. They are recognized for the zeal they possess to have enhanced outcomes *each time, every time*. Ever so often, all we need is a different way to look at things. Some perspectives to consider as Radiology takes on the role of a care enabler in health care units are being discussed in this paper. These perspectives gain greater relevance in the uncertain times we currently live in. Treat them as life skills not just for leaders in positions of power and authority, but for every practitioner in the specialty.

Principle 1: More with Less

Diagnostic and Interventional Radiology are surfing the high waves of change strapped with technological advancement, continuously escalating demands, commercialization of healthcare and ever-expanding options via access to global markets. This means we are stepping up strongly to meet rising patient, clinical and political demands and expectations. It is somewhere here where the focus bifurcates. More with less while continuing to optimise on offered care. A difficult balance to achieve. Let us take a look as to how we can do it.

Optimise allocation of human and capital resources

Resources are always going to be limited at any given point in time. For growth to be sustainable, these resources, be it capital or human, need to be optimally allocated to gain

productivity and efficiency from the system. One needs to have sight of existing service gaps and future service needs to be able to optimise resource allocation.

Engage in strategic resource planning

Constantly evaluating changing dynamics on ground and modifying the planning appropriately becomes a management way of working that all in the team are aligned to.

Building staff skill level both horizontally and vertically (i.e., greater proficiency in area of expertise as well as ability to handle an enhanced task portfolio and creating effective work environments that propels build-up of organisational energies) is important in this direction.

Living organisational values

Communicating organisational goals clearly and impactfully can draw teams to the magnetic vision which becomes part of their personal drive. We need leaders who can articulate the vision with both power and passion.

Two ways to do more is to '*want to do more*' and '*be able to do more*'. The learning and development teams in healthcare units will need to strike magical partnerships with stakeholders to drive these agendas in a continuous manner and help generate a capability pipeline. Getting teams to continuously transform themselves and stay relevant in the context of changing needs will prevent the necessity to run expensive change management initiatives.

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Principle 2: Quality is your Driver

Quality, cost and timeliness of care are international healthcare delivery problems. The balance of cost and quality is a hard one. People tend to assume that the relationship is inversely proportional. Well, that's false news. Drivers of efficiency make interesting discussion here—because efficiency gains improve quality and reduce cost at the same time. Here's how.

Eliminate process wastes

Every process in any establishment comprises of *value added* and *non-value added* steps. Any step in the process that is not value adding to effective and efficient patient care should be eliminated as far as possible. This simple trick can improve efficiency by 70% in most processes within a hospital. Lean thinking focuses on seven process wastes: wait, defects, inventory, overproduction, overprocessing, transportation and motion. A careful consideration and removal of waste in each of these segments can lead to higher efficiency and translate thus to greater productivity.

Standardise care pathways

Processes and pathways should be standardised to prevent undue variation. Elimination of variation in practices is a powerful efficiency driver.

Internal and external benchmarking

A strong focus on quantity and quality is needed. The turnaround time (TAT) for radiology reports for instance should be set up in consensus within the department's standard operating procedures (SOP) and strictly adhered to. Some countries follow a payment-for-performance model to get these standards right. This approach does have a positive effect on reporting backlogs. Benchmarking your own practice to peers internally and externally goes a long way in enhancing local practices.

Focus on safety

Safe practices within the Department need to be set out in stone very early on with the buy-in of all team members. This is the core of risk mitigation, and we call it error-proofing. Be it establishing regular discrepancy (or mortality and morbidity meetings), periodic double reporting with

peers, and or ensuring that quality and safety standards are adhered to.

Understand the cost-effectiveness of radiology

Radiology departments are high investment centres due to the continuous innovation required therein to support the escalating complexities in medical conditions. *The Concept of 'True North'* can safely be assumed to be a mobile destination in our case, with the needle constantly moving upward and onward. Investment and infrastructure require strategic decision making which comes with flexibility in setting them up. This will prevent care units from getting saddled with investments that become redundant as needs change or as new technologies invade the health care sector. Understanding the cost of care in general, and especially the cost and cost-effectiveness of technology as applied to Radiology will go a long way in making better business decisions.

Principle 3: Care is your Strategy

Money can buy treatment, but not care in real sense. This comes from the staff's ability to deeply empathize with the pain and trauma patients undergo, the helplessness of the care giver or the family who continuously look for that ray of hope that can guarantee full recovery. When life is at stake, money is not a consideration anymore. Patients and carers will go anywhere to get this done. The place they will choose is where they get care that is not contaminated by lack of competence at any level; and specific to radiology, where the right imaging can be offered at the right time and reported accurately in a timely manner. The same principles holding true for Interventional Radiology.

Involve the patient and carer

The patients and their caregivers are able to comprehend reports and consults better where they have trusted associations. *If they know you care, they care for what you know and tell them.* None of us can deny that when we have the patient partnering in the management matrix, the results are far more encouraging.

Work in partnership with the clinicians

The convergence of clinical radiology and medicine is another opportunity to offer care through collaborative

efforts at affordable cost. This is about *synergising for optimising* and we can achieve it, if we see the patient is *ours*, and not *yours or mine*. Specializations come with a purpose of furthering value creation and we should consider bringing patients at the core of our practice and jointly own their experience with our clinicians.

Principle 4: Change is Essential to Survival

The motivation for change should be driven by a strong situational awareness of the changing world around us. Do not just resort to firefighting when the ‘*@&% has hit the fan’ (like many managers do). Plan in advance, using your vision to see what's coming and get prepared.

It should not take a pandemic to change the world

The medical fraternity was aware of the impending doom called COVID-19. Every nation of the world used variable measures to tackle the problem. It is still unclear what was/is the right thing to do. The viral curve was clear to all and rather ‘standardised’- the human response curve was however skewed by regional politics, economics, resources, needs and sheer behavioural and cultural differences. Nevertheless, did Radiology leadership shine? Time to pause and reflect.

To have acquired dedicated home working set up for Radiologists before the pandemic hit us, could have been one way to demonstrate change readiness. Across the world there was a delayed response to this need. After all, Radiology is the one portable medical specialty there is, yet we choose to spend hours traveling to work and back, as well as occupy all that office space in the hospital under the impending threat of ailment ourselves.

Virtual meeting technologies for clinical consults, multidisciplinary team meetings, as well as teaching and training are now the norms- something we could have thought about before and put a stronger and swifter response mechanism in place.

Support disruptive innovations

‘Disruptive Innovations’ as a term has been stretched imaginatively. At the time of being introduced it referred to innovations that created novel values and by catering to new market segments displaced and disrupted existing (often monopolising) market players. We explore this term in the context of healthcare too. New simple cost

effective innovations and different ways of working should challenge existing old school norms and pave the way for creating new values. For instance, the ability to deliver clinical consultations remotely using available technology is a relevant and timely example of disruptive innovation. It took a significant cultural change for the authors to introduce this practice in their own organisations at the time of the pandemic.

Principle 5: Accountability and Ethicality

Loss of faith in practice is as good as losing a life—the worst part being the inability to provide that very care we trained so long and so hard for. This makes accountability and ethicality as two vital aspects of Radiology leadership.

Taking responsibility for your actions

Easier said than done, given the culture of blame that the healthcare sector is shrouded by. Again, blame-culture is an international problem. Change the ‘it's someone else's mistake’ to ‘we share this mistake and are all going to learn from it’. Own your and your team's actions and create an environment of collective responsibility. This is what makes teams and organisations strong and fearless.

Do no harm

Finally, and most importantly, do no harm—not for the sake of boosting organisational profits (and therefore bonuses), and definitely not for the sake of ‘just doing something’ even if it is of no value to the health of the patient, and potentially harmful.

Managing expectations is therefore another important leadership skill to develop. Radiologists are constantly engrossed in managing expectations imposed on them from referring clinicians, national guidelines, as well as the patients themselves. Ensuring that imaging pathways are streamlined in advance, and as best as possible adhered to national and international recommendations and practices goes a long way in managing recommendations.

It is hoped that abiding by these basic principles would make individuals, teams and organisations stronger and more productive. Greater efficiency will thus drive better patient experiences, reduce risks, improve overall staff satisfaction and create better states of *well-being* in general. Of course we know well, improvement is not a destination but a continuous journey, that moves people and

organisations from strength to strength.

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